INA RESPOND
INDONESIA RESEARCH PARTNERSHIP ON INFECTIOUS DISEASE

**INA-RESPOND Secretariat**

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# Newsletter November 2017

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## Certified Clinical Research Associate

A Clinical Research Associate (CRA) is also referred to as a Monitor or Clinical Monitor. A CRA is responsible for verifying that the rights and well-being of human subjects are protected and the reported trial data are accurate, complete, and verifiable from source documents. CRA also makes sure that the trial is in compliance with the currently approved protocol/amendment(s), with GCP, and with applicable regulatory requirements.

CRA is not a licensed profession, but a certification can help set a professional apart from other job candidates. Gaining certification demonstrates that a CRA has met or exceeded the quality standards required in the industry and has validated CRA competence. It furthermore demonstrates a level of professionalism and indicates a commitment to quality standards. Our INA-RESPOND network gives attention to all its stakeholders' capacity building and tries to encourage them to keep improving. Are you interested in becoming a CRA or getting your certification? Read more about it here!

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## Keep The Positive Head And You Will Not Get Hurt

What helps enhance our satisfaction, motivation, and productivity? Positivity! Positivity starts from within and requires constant practice to develop. Read more in this edition and see how it changes you.

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# Save The Date

## Important Events & Meetings

| | | |
|---|---|---|
| 12 | Dec | TRIPOD Laboratory Meeting |
| 5-9 | Nov | 66th ASTMH Annual Meeting |
| 3 | Nov | NIAID Symposium: International & Domestic Collaboration for Clinical Research |

## November Birthday

| | | |
|---|---|---|
| 3 Nov | Dr. Bambang Sigit Riyanto | INA102 PI Site 580 |
| 4 Nov | Prof. Dr. Mansyur Arif, PhD, SpPK (K) | SC Member at Site 550 |
| 5 Nov | Ms. Rina Sirait | Lab Technician Site 560 |
| 9 Nov | Dr. Mulya Rahma Karyanti | INA101 Co-PI Site 530 |
| 11 Nov | Ms. Dewi Sriyanti | Lab Technician Site 550 |
| 15 Nov | Ms. Ni Wayan Sukarti | Nurse INA102 Site 520 |
| 16 Nov | Dr. Akbar Fahmi | INA101 RA Site 570 |

## Announcement

We are contacting researchers of INA-PROACTIVE at sites as preparations for the Investigator Meeting in January 2018. Site team members for the study should be formed before the Investigator Meeting. We have two additional sites joining our ranks; RSUP H. Adam Malik in Medan and RSPAD Gatot Soebroto in Jakarta.

A meeting with RSPAD Gatot Soebroto's Hospital Director was held last month on 27 October 2017 to officially introduce INA-RESPOND to the hospital's management.

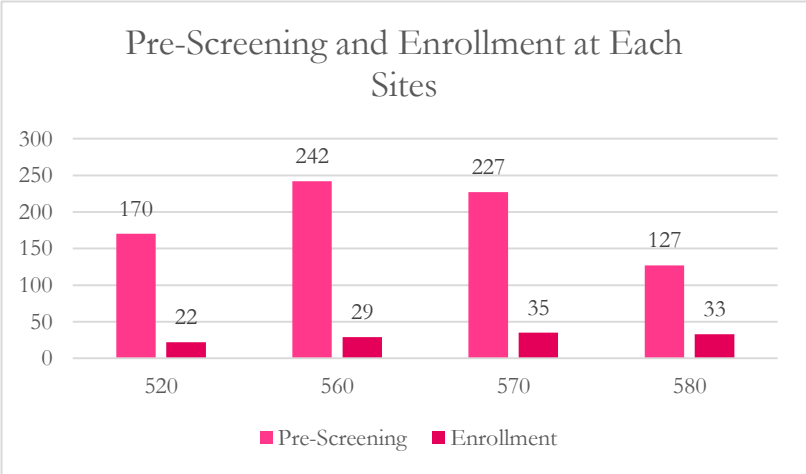

# INA-RESPOND Study Updates

By:
Ms. Maria Intan Josi

## TRIPOD (INA102) Updates

**Screening and Enrollment**

By the end of October 2017, the site teams had enrolled 119 subjects. Site 570 – RSUD dr Soetomo, Surabaya is the top recruiter with 35 subjects. There hasn't been much difference in the enrollment number since the new protocol version was implemented on 3 October 2017. Hopefully, this will change in the future. More detailed information on pre-screening and enrollment number can be seen from the graphics on the right.




*Site Number code:

520 – RSUP Sanglah, Denpasar
560 – RSUP dr Kariadi, Semarang
570 – RSUD dr Soetomo, Surabaya
580 – RSUP dr Sardjito, Yogyakarta

**Meeting with the Director of RSUP H. Adam Malik, Medan**

On 26 October 2017, INA-RESPOND team had a meeting with RSUP H. Adam Malik's Team and its Board of Directors (General Director, Medical Director, Finance Department), who at that moment were visiting Jakarta. INA-RESPOND's Finance Manager, Contract, Monitor, and Protocol Navigator came to the meeting and described the history of INA-RESPOND, TRIPOD study, site population, recruitment process, GCP compliance, contract procedure, and the need-to-be-prepared facilities. For RSUP H. Adam Malik, our collaboration means capacity building in research area for the hospital's staff, which can be beneficial for JCI accreditation. Hopefully, the contract will be ready and can be executed by the end of November.

**Field Visit to RSPAD Gatot Soebroto, Jakarta**

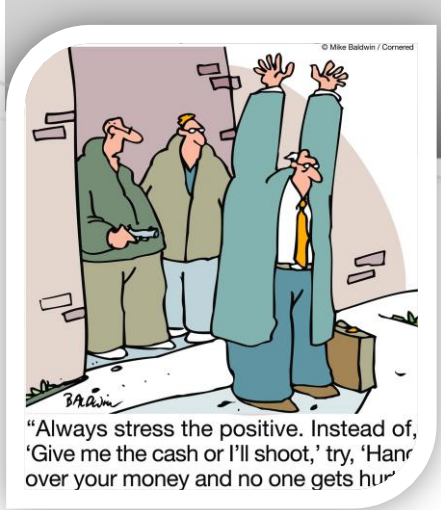
On 27 October 2017, INA-RESPOND also arranged a meeting with RSPAD Gatot Soebroto Team. The meeting was held to initiate collaboration between RSPAD Gatot Soebroto and INA-RESPOND. The meeting was attended by staffs from RSPAD Gatot Soebroto including those from Legal and Contract Department and Pulmonology Department. Dr. M. Karyana delivered a presentation to introduce INA-RESPOND and our past/ongoing/future studies. The meeting was well-received by both parties, and we hope our network will become larger and stronger in the future.

**Updates from potential sites**

Site 590 – RSUP Persahabatan: Site Initiation Visit was held on 23-24 October 2017 by Monitor. Also, laboratory training for PBMC was delivered by Tangerang Laboratory Team and INA-RESPOND's Clinical Research Scientists on 23 October 2017. Some minor queries are now being prepared. Once we obtain the hospital's permission letter, the site can be activated.

Site 550 – RSUP Wahidin Sudirohusodo: The protocol is still under review by the site's Ethic Committee. Hopefully, we will get some good news this month.

Site 510 – RSUP Hasan Sadikiin: INA-RESPOND Secretariat has reviewed the contract for TRIPOD study, and it is now being reviewed by the Legal Department of RSUP Hasan Sadikin. Hopefully, we will get their decision, and the contract can be signed soon.




# Comic Corner

## Keep The Positive Head And You Will Not Get Hurt

By:
dr. Aly Diana

People say positive perspective usually enhances satisfaction, motivation, and productivity. However, some of us might have not spent enough time to think about it or might have difficulties to put the idea into practice. The goal of this comic corner is to spell the obvious in brief and hope that we can practice together, for the better. In addition, as most of us are part of different working cycles, hopefully, we can spread the word to a bigger audience.

Positive psychology and organizational behaviour management are major disciplines supported by many published studies and textbooks. For sure, we cannot cover all aspects of the disciplines; only some key elements of them will be discussed here. To get a better insight of positive psychology and organizational behaviour, we need to understand ourselves in general, which can be done using a model called Occupational Motivation and Engagement Wheel (developed by Wiegand and Geller). These are 'the spelling' of each component in the wheel:

1) *Adaptive cognitive dimensions*

- **Self-efficacy**: belief in one's own capacity to do the job successfully;
- **Mastery orientation**: focus on job satisfaction and doing the job right more than on outperforming others or being rewarded;
- **Valuing of work**: belief that what we do is useful and/or important.

2) *Adaptive behavioural dimensions*

- **Planning**: the extent to which we get it clear what we are required to do, how to do it, and then monitor our progress as we are doing it;
- **Work management**: management of time, prioritizing, and arranging suitable conditions for work;
- **Persistence**: the extent to which we are persistent even in the face of challenging or difficult work;

3) *Impending dimensions*

- **Anxiety**: the worry and nervousness associated with performance;
- **Failure avoidance**: motivation to carry out our work with the primary motivation to avoid failing, making mistakes, letting management or other workers down, or being seen to perform poorly (as opposed to working with the primary motivation to improve, do the job well, or succeed);
- **Uncertain control**: uncertainty about our capacity to affect outcomes in the workplace (e.g., to avoid failing or to attain or repeat success);

4) *Maladaptive dimensions*

- **Self-handicapping:** tendency to put obstacles in the path to success/productivity such as procrastination, wasting time, not trying very hard;
- **Disengagement:** inclination to withdraw or resign from the workplace.

Looking at the components, we can see more clearly where we stand, whether we are more on the positive or negative side. The goal is one, no matter where we are, we need to maintain the positive or move toward the positive. Although we are the master of ourselves, external support might be needed in some cases. The simplest one is to genuinely appreciate other people's work and celebrate accomplishments.

Closing remarks: This is a simplified version of a complex interaction of many factors in a working place. Hopefully, by starting to understand ourselves and keeping our mind set to stay positive, we are taking a step closer to creating a better working environment.

**References:**

Andrew J. Martin (2005) The Role of Positive Psychology in Enhancing Satisfaction, Motivation, and Productivity in the Workplace, Journal of Organizational Behavior Management, 24:1-2, 113-133, DOI: 10.1300/J075v24n01_07


# Certified Clinical Research Associate

By:
Ms. Neneng Aini
Ms. Mila Erastuti, S.Si., Apt, CCRA

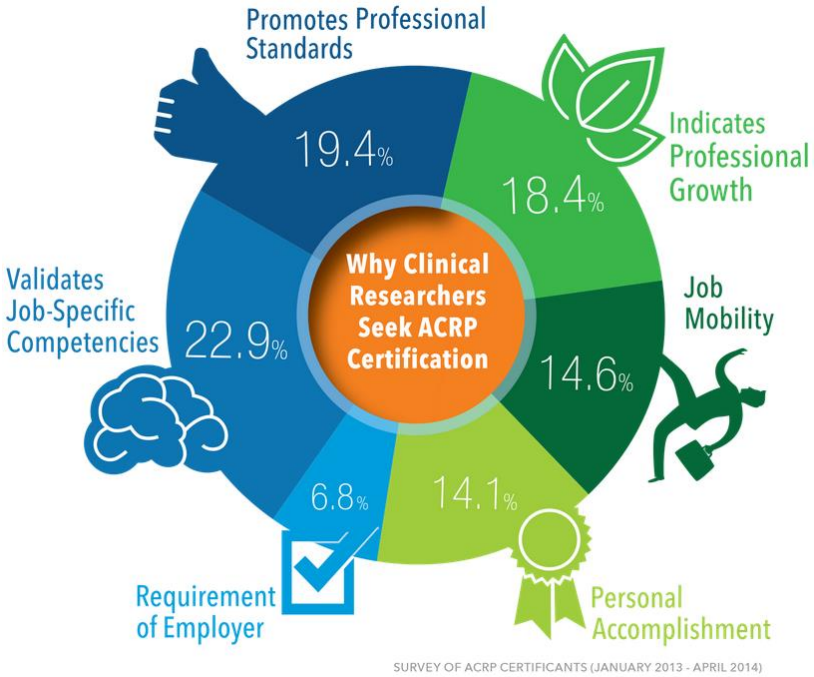
A Clinical Research Associate (CRA) is also referred to as a Monitor or Clinical Monitor. A CRA is responsible for verifying that the rights and well-being of human subjects are protected and the reported trial data are accurate, complete, and verifiable from source documents. Most importantly, a CRA makes sure that the trial is in compliance with the currently approved protocol/amendment(s), with GCP, and with applicable regulatory requirements. Therefore, CRA must be familiar with the requirements and ensure that they are met.

CRA is not a licensed profession, although a certification can help set a professional apart from other job candidates. Getting certified as a CRA isn't mandatory but can be very beneficial under some circumstances. Gaining certification demonstrates that a CRA has met or exceeded the quality standards required in the industry and has validated CRA competence. It furthermore demonstrates a level of professionalism and indicates a commitment to quality standards.

In Indonesia, there is no specific certification for CRA and it is not required yet by the employer or sponsor. However, there are some international organizations that provide certifications for clinical research, such as the Association of Clinical Research Professionals (ACRP) and the Society of Clinical Research Associates (SOCRA). To earn a Certified Research Associate (CRA) designation, applicants must have prior experience in the field as well as proof of additional trainings. The certifications are awarded to members of the organization who fulfil the job experience criteria and pass the CCRA examination.

The CRA certification exam is designed as a practice-based exam to assess proficiency in six (6) core knowledge areas:

1. Scientific Concepts and Research Design referring to the ICH E8
2. Ethical and Participant Safety Considerations, referring to the ICH E2A
3. Product Development and Regulation, referring to the ICH E8
4. Clinical Trial Operations, referring to the ICH E6 (ICH-




Source: https://www.acrpnet.org/professional-development/certifications/benefits-of-certification/

GCP)

5. Study and Site Management, referring to the ICH GCP E6 (ICH-GCP)
6. Data Management and Informatics, referring to the ICH E9

The CRA certification exam is specific to the roles that CRA plays in the conduct of a clinical trial. It requires a general working knowledge of the roles and responsibilities to perform in CRA roles safely and effectively, with grounding in ICH GCP and the application of those guidelines. The exam content also expects that the CRA has a basic working knowledge of general laboratory terms, tests, procedures, how to perform basic math as part as Investigational Product (IP) management

The best preparation for the exam is to understand the CRA knowledge requirements and their application in clinical research. Each certification organization will provide detailed content for topics or subtopics to guide CRAs to review their knowledge in each specific area.

INA-RESPOND gave the opportunity to its CRAs to obtain their certification through the ACRP. The certification test was conducted on October 3, 2017. If we did not pass the exam, the ACRP gives the opportunity to re-take the certification test in February 2018. After passing the certification test, CRAs will get a certificate and earn the title *Certified Clinical Research Associates (CCRAs)*. This certification is valid for 2 years, and maintenance can be achieved through continuing education and/or re-taking the certification test.

The benefits of certification are firm adherence to the protocol; compliance with the regulations, ethical practice, trial subject safety; establishing professionalism, and setting the standard for quality. By committing to the certification, CRAs will be promoting professionalism, validating the competence, dedicating themselves to quality, and promoting professional standards. ACRP survey in 2014 showed that most respondents (92.5%) agreed that most important benefit of the certification is to validate CRA's job-specific knowledge and competencies. Certification ensures the public that an individual demonstrates specific knowledge required of a practitioner at a certain level.

We would like to thank INA-RESPOND Secretariat, especially dr. M. Karyana, M.Kes, for the support and the opportunity to be a member of the ACRP, which enabled us to join the certification test preparation and earn the CCRA title. The CCRA preparation modules are available in the share drive at INA-RESPOND Secretariat. If you are interested in getting the modules, feel free to contact us via email at NAini@ina-respond.net or MErastuti@ina-respond.net.

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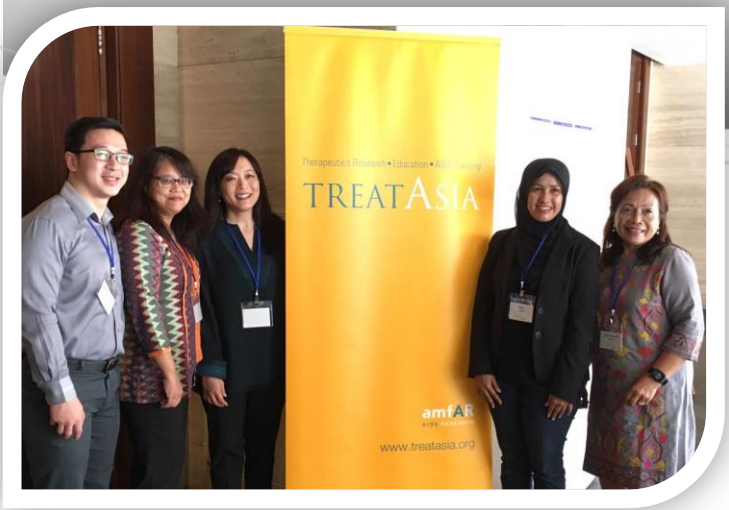



# Report: TREAT Asia Network Annual Meeting

By:

dr. Dona Arlinda
dr. Caleb L. Halim
Ms. Lois E. Bang
Ms. Kanti Laras

On 12-13 October 2017, INA-RESPOND's delegates namely dr. Dona Arlinda, Ms. Kanti Laras, and dr. Caleb Leonardo Halim had the opportunity to attend the Annual Meeting of the Therapeutics Research, Education, and AIDS Training in Asia (TREAT Asia) Network in Conrad Hotel, Bali. The TREAT Asia Network is a collaboration of clinics, hospitals, research institutions, and civil society on HIV in adults and children across Asia-Pacific, established in 2001. The purpose of our visit to their meeting was to gain insights from their experience in managing long term study in multiple sites, as well as in handling data and publications.

The two-day meeting was attended by representatives from 14 countries in the TREAT Asia Network, i.e. Australia, Cambodia, China, India, Indonesia, Japan, Malaysia, New Zealand, the Philippines, Singapore, South Korea, Taiwan, Thailand, and Vietnam. The first day was dedicated for updates from the TREAT Asia Adult Network and on the next day, the meeting was joined by members from the TREAT Asia Pediatric Network.

Annette Sohn, M.D., the Director of TREAT Asia Network, gave an opening speech and was followed by a presentation on the TREAT Asia HIV Observational Database (TAHOD) adult data summary. TAHOD is an HIV database created in 2003 to assess the natural history of HIV disease in treated and untreated patients. Dr. Cipto Mangunkusumo Hospital, Jakarta, and Sanglah Hospital, Denpasar, were the two participating sites from Indonesia.

By March 2017, the TAHOD adult had collected data from 9,160 participants. The median age was 35 years (IQR 30-42) and 30% were females. Thais, Chinese, Indians, and Indonesians accounted for 71.4% of participants. It was very interesting to notice that the data supported the need to scale up HIV viral load testing, as it was not done in about 40% of TAHOD participants.

Subsequent presentation was on updates from TAHOD study spin-offs, i.e. TAHOD Low Intensity Transfer (TAHOD-LITE) and TREAT Asia Studies to Evaluate Resistance to Second-line Antiretroviral Therapy (TASER-2). New concepts for data analysis and special projects were also presented, such as Study on Pregnancy Rate and Birth Outcomes among women living with HIV in Asia-Pacific, Prospective Liver Cancer Case-Control and Outcomes Study, and Hepatitis B and Hepatitis C Continuum of Care Cascade. Then, the participants were given updates on the TREAT Asia publications and disseminations.

To engage the meeting participants' attention, there was a lively debate on the pros and cons of HIV self-testing, whether it should be available to all adults in Asia-Pacific. Before the debate started, 4 people disagreed with it. Interestingly, after the debate, a lot of people who agreed at first changed their opinion to disagree. These people probably became more aware that there was no single formula which would work for everybody. Implementation of a recommendation on HIV need to be tailored to local situation, and every country, even in the same region of Asia-Pacific, has different backgrounds and characteristics which need to be carefully considered.

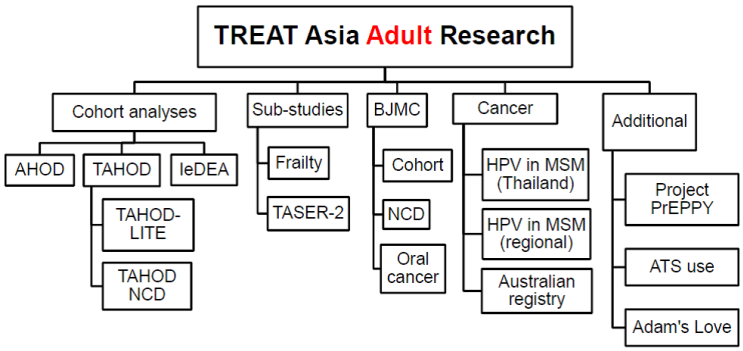
Another interesting ice-breaking method was an online and interactive quiz on TREAT Asia history using a web-based application accessible at www.kahoot.it. There were 8 multiple-choice questions, and participants were scored based on how many and how fast they gave correct answers. Prizes were given to the highest score, calculated based on the highest number of correctly answered questions and the fastest time.

TREAT Asia's Visit to INA-RESPOND Secretariat and Meeting with HIV Program

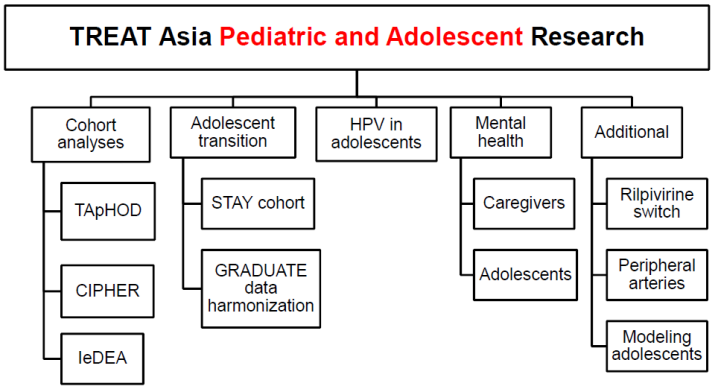
On 17th October 2017, it was TREAT Asia's turn to visit INA-RESPOND Secretariat. Jeremy Ross, Boondarika Petersen, and Chuenkamol Sethaputra were the three representatives who came all the way from Bali to Jakarta. They were scheduled to have a meeting with the Head of HIV Program, INA-PROACTIVE Team, and INA-RESPOND Secretariat.

Dr. M. Karyana, the Chair of INA-RESPOND. opened the meeting and was followed by a presentation on the National HIV Control Policy by the Head of HIV Program, dr. Endang Budi Hastuti. Dr. M. Karyana and dr. Dona Arlinda gave overview presentations on INA-RESPOND and HIV study in INA-RESPOND's Network or INA-PROACTIVE, respectively.

The last session was Jeremy Ross, who introduced us to the portfolio of HIV-related researches in TREAT Asia Network since established in 2001. Aside from TAHOD adult and pediatric, they were interested in HIV drug resistance, non-communicable diseases, and human papilloma virus (HPV)-related cancers in men who have sex with men (MSM). In pediatric HIV population, they were mainly interested in studying the transition of adolescent to adulthood.




TREAT Asia Adult Research Portfolio




TREAT Asia Pediatric and Adolescent Research Portfolio

Jeremy also explained about TREAT Asia data management, which was managed by the Kirby Institute, University of New South Wales, Australia. All participating countries in TREAT Asia Network were required to enter and transfer their data to Kirby twice a year. Most of the countries used Microsoft Access for data entry and transfer, while a small number were still using Microsoft Excel. Kirby then ran QC and QA procedures to the transferred data to ensure the quality. The main difference from what we did in all INA-RESPOND's studies was that they chose to conduct remote monitoring activities instead of on-site monitoring visits. Cost was probably one of their major considerations, in addition to limited number of clinical research associates (CRAs).

There was a lively discussion when Jeremy explained how they manage data usage, analysis, and publication. The procedures were listed in their Management Guidelines. In short, those who are interested to publish were asked to gather 4-6 persons as their core writing team. First, they must propose a concept sheet explaining the purposes and methods of the analysis. Upon approval from the Network Steering Committee, they may coordinate with Kirby Institute for the actual analysis. Subsequent presentations or publications are subject to the Authorship Guidelines. A specific concept sheet may be re-assigned or withdrawn if the writing team failed to produce the manuscript within one year after data analysis had been completed. These procedures allowed them to track who and what was being published from their studies, and ensured related parties were being properly acknowledged.

Overall, both meetings were successful. We were inspired to develop our own network management guidelines and publication/authorship guidelines for INA-PROACTIVE Study. We also look forward to establish good relationship with another Network. We hope that INA-RESPOND Network can grow to represent Indonesia and provide accurate national level HIV data for the National HIV Control Policy.


# The 60th Annual Biological Safety Conference

By:

dr. Nurhayati
Ms. Wahyu Nawang Wulan

The 60th Annual Biological Safety Conference is a biosafety conference held by ABSA International: The Association for Biosafety and Biosecurity. ABSA International was founded in 1984 to promote biosafety as a scientific discipline and serve the growing needs of biosafety professionals throughout the world. The goals of the association are to expand biosafety awareness; promote development of safe work practices, equipment, and facilities; and reduce the potential for occupational illness and adverse environmental impact. ABSA International accomplishes these goals by releasing a quarterly journal, offering various educational biosafety courses, and holding annual Biological Safety Conference to keep its members updated on the latest biosafety issues and regulatory initiatives. Currently, ABSA International has 1,620 members registered from various discipline societies.

The 60th Annual Biological Safety conference was held on October 13-19, 2017, in Albuquerque Conference Center, Albuquerque, New Mexico. Two of INA-RESPOND Secretariat personnel, Ms. Wahyu Nawang Wulan and Ms. Nurhayati, had the opportunity to attend the conference. Their trip was sponsored by the Biosecurity Engagement Program (BEP), United States Department of State (administered by CRDF Global, Arlington, VA). More than 650 biosafety/biosecurity professionals and researchers of various disciplines from around the world attended the conference.

The conference started with pre-conference courses for three days to educate and inspire the participants, and they were then followed with various keynotes highlighting the current best practices for biosafety and biosecurity professionals for four days. There were many interesting topics that could be chosen during the pre-conference course, such as risk assessment, BSL-3 operations and management, design high impact educational training activities, Institutional Biosafety Committee, biocontainment laboratory operations, human gene transfer, bio toxins, OSHA regulation, infection control, etc. After the courses, the conference presented a broad spectrum of biological, pharmaceutical, biotechnology research development and clinical organizations. Some of the topics covered in the conference were enhancing compliance, international biosafety, Inactivation and decontamination, biosafety program management, current regulatory issues, dual use research concern, emergency response, human gene transfer, biosafety promotion and development, etc. In addition, many posters from national and international academia were presented and competed in the event to get awards.

ABSA honors those who contribute significantly for biosafety and biosecurity with Annual Recognition Awards. In the conference, four award recipients presented their work in a series of lecture awards. The first lecture award, "The Next Pandemic: On the Front Lines Against Humankind's Gravest Dangers" (Ali Khan, MD, recipient of Arnold G Wedum Memorial Award) was presented on the fourth day. On the fifth day, there were two lecture awards: "A Journey of Biological Risks Between Compliance and Risk Optimization" (Uwe Mueller-Doblies, PhD, recipient of Elizabeth R Griffin Research Foundation Lecture Series Award) and "Dark Life: The Microbiology of Extreme Cave Environments" (Hazel Barton, PhD, recipient of Eagleson Lecture Series Award). The last lecture award presented was "Shedding Risk with Intracerebral Inoculation of Theiler's Murine Encephalomyelitis Virus: Informing a Risk Assessment" (David

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# The 48th Union World Conference


By:

dr. Retna Mustika Indah
Ms. Meity Siahaan

The 48th Union World Conference was held in Guadalajara, Mexico on Oct 11-14, 2017. Guadalajara is a city in Western Mexico, the capital and largest city of the Mexican state of Jalisco, and the seat of the municipality of Guadalajara. The city is in the central region of Jalisco in the Western-Pacific area of Mexico. This conference was organized by International Union Against Tuberculosis and Lung Disease (The Union). It united researchers, global advocates, civil society, scientists, healthcare professionals, and students working on all aspects of lung health, under the 'Accelerating Toward Elimination' theme. It focused on how to accelerate toward elimination on multiple fronts including tuberculosis (TB) and its co-infections, improving tobacco control, and reducing air pollution. There were approximately 1,600 submitted abstracts from countries around the world, and 850 abstracts were presented in oral or poster sessions.

On October 10, one day before the conference, WHO meeting was held to review End TB progress that had been made in the last year including actions taken and the plan to hold the first United Nations High Level Meeting on tuberculosis, which will take place in 2018. To inform the High-Level Meeting on the current situation, WHO and the Russian Federation are holding the first **WHO Global Ministerial Conference on Ending TB in the Sustainable Development Era: A Multisectoral Response.** This Conference in November 2017 is bringing together Ministers of Health and representatives from other ministries from across the globe. The meeting is expected to have outcomes on: (1) Advancing the TB response within the SDG and antimicrobial resistance (AMR) Agendas; (2) Sufficient and sustainable financing; (3) Science, research, and innovation; and (4) Multisectoral accountability.

One of the sessions that we followed addressed the issue of implementing standardized shorter MDR-TB regimen with seven drugs and treatment duration of 9-12 months in more countries. The current 20-24 month regimen used globally in many countries is costly. It also has significant side effects, and the length of the regimen makes it hard for both patients and the health system. The regimen has an average treatment success rate of approximately 50 percent when used in many real-world treatment settings. Therefore, in 2016, WHO recommended the shorter regimen for MDR-TB, and the results from STREAM clinical trial stage 1 showed that the nine-month treatment regimen being tested for multidrug-resistant tuberculosis achieved favorable outcomes in almost 80 percent of those treated and was very close to the effectiveness of the 20-24 month regimen recommended in WHO's 2011 guidelines, when both regimens are given under trial conditions. Indonesia hopefully will start implementing this shorter regimen recommendation this year.

An innovative technology to improve the treatment adherence was introduced; Wireless Observed Therapy (WOT), an ingestible sensor made of minerals which break down in the body, releasing a sensor the size of a grain of sand that sends data to a patch worn on the patient's chest. The patch stores the data until it comes into contact with a mobile device (a tablet or mobile phone) with Bluetooth technology. The mobile device encrypts the data and sends it via wireless Internet to the patients' healthcare provider, facilitating remote monitoring and greatly relieving the burden of treatment on the patient. This sensor confirmed over 50% more doses than DOT. The results presented today reflect phase one of the trial, which must prove the accuracy and clinical utility of the digitized medicines before

phase two is started and testing against a control is done. The results of phase 2 cannot be shared yet. This invention is considered as an optimistic strategy to monitor the treatment.

Last but not least, the conference also talked about the TB diagnostic tools development and the strengthening of laboratories capacity. Xpert® MTB/RIF Ultra cartridge which has higher sensitivity is hoped to replace the old cartridge next year. Other rapid tests to detect drug resistance, such as Line Probe Assay (LPA) are starting to be implemented in many countries, and they are constantly being improved especially now that the concern is to rapidly detect the pyrazinamide resistance.

In this occasion, we also joined the RePORT consortium session and had a reunion with colleagues from RePORT meeting in Brazil. We also had a productive discussion with Dr. Carol Hamilton about the implementation of TRIPOD study in Indonesia such as the data management and biorepository management. We also shared our challenges during the study.

Continued from page 9 (ABSA International)

Pawlowski, PhD, recipient of Richard C Knudsen Publication Award). These lectures highlighted the achievements of researchers and professionals whose works require lofty standards of biosafety principles. This inspires others to commit to biosafety and biosecurity standards in different fields that apply.

From the many lectures, there is a take-home message that is relevant to the work of INA-RESPOND. Indonesia is a tropical region that houses emerging/reemerging infectious diseases. These diseases and increased human traffic are the root cause of modern pandemics. Biosafety regulations/principles protect experts, authorities, and public health practitioners to work safely in order to overcome the pandemics. Since pandemics know no border, global biosafety standards need to be set at a certain uniform level that ensures practitioners to work safely in all parts of the world. One of ABSA's achievements is the Twinning Program which was set to help knowledge transfer from countries already having high standard of biosafety practice to places where pandemics are potential to occur (e.g having a high transmission rate of zoonoses).

Overall, the conference is interesting and valuable. A lot of latest information was shared during the meeting, which broadens our knowledge in biosafety practices. In addition, we had some opportunities to talk and introduce our network. It is our hope that we can share the knowledge and information obtained in the conference to improve/increase the capacity of our network and its stakeholders.

INA-RESPOND Newsletter

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Thanks to : INA-RESPOND Network and Partners


We would like to hear from you. Go ahead and send us your scientific articles, team profile, or feedback to INA.Secretariat@ina-respond.net